

NOTES

ACME Subcommittee Meeting

June 25, 1971

Conference Room S047

Medical Center

Present: Joshua Lederberg, Ron Jamtgaard, Elliott Levinthal, Byron Brown, Cindy Miller

This meeting of the Subcommittee was not held for the usual purpose of reviewing specific user requests for non funded use of ACME. Rather it was held to discuss a potential series of rate changes for ACME service. During the past week Ron Jamtgaard met with several users of ACME and collected opinions from them on a potential rate increase. Before a review of these opinions began, there was some discussion about the possibility of transferring ACME users to the Campus Facility. Differences in cost for the user between ACME and Campus Facility depend on several factors -- how much core the user needs, how many cycles he needs, how large his program is and how complex, etc. In other words, depending on these things, it may be cheaper to use ACME or it may be cheaper to use the Campus Facility. The user is faced with more "sit" time on ACME, but he has a more convenient file system and real time services are available; whereas on the Campus Facility the user has available to him more cycles but no real time services are available.

Professor Lederberg pointed out that if operating costs for an interactive PL-based language were 1/5 of ACME's cost when put under ORVYL, we could not afford not to change over to the Campus Facility. However, we cannot determine the relative costs until completion of several studies which are underway at the present time. The discussion of the feasibility of transferring ACME users to the Campus Facility ended at this time.

The Subcommittee looked over the users' opinions on the possibility of a rate increase and made several comments on them. Although the majority of the users interviewed seemed favorable about a future rate increase, Prof. Lederberg felt that a rate increase could not be decided on based on these opinions. The several users' comments were understandably subjective, and it was decided that more empirical and objective data was needed (from Lee Hundley's study and Regina Frey's study) before a final decision concerning a rate increase could be made.

The problem of whether or not to inform the users about a possible future rate increase was then brought up. There were pros and cons about this matter. One reason for informing all the users would be to protect those applying for grants. If this group of users is not informed of the possible rate increase right now, they may not provide for computer funds in their grant request. Since it takes six to twelve months for a grant request to be reviewed and approved, the user would have to know now about the rate increase. However, Prof. Lederberg was of the opinion that only those users who are free users of ACME now should be informed at this time. Elliott Levinthal suggested that we tell the users that ACME will be investigating new ways of making ACME more attractive in the future while at the same time making it a self-sufficient facility. In this manner we would not be directly announcing a rate increase and would not be committing ACME to

any specific plan; yet we would be letting the user community know that there would be changes occurring at ACME.

A short discussion of these changes then took place. There was a question of whether or not to maintain ACME's 360/50 computer or to change to a newer model. Prof. Lederberg suggested the possibility of obtaining a newer type of bulk core and keeping the 360/50 model. Ron Jamtgaard is looking into this possibility to see what the cost difference would be. The goal is obviously to discover hardware and software which will make ACME more reliable and efficient and at the same time will decrease operating costs and costs for the user.

The meeting ended with Prof. Lederberg suggesting two directions in which ACME might best strive for and be best suited for -- the possibility of changing to an Information System facility for the hospital and the possibility of merging with the Hospital ADP group. Of course many people would like ACME to remain as it always has, but these possibilities must be considered if ACME has to face the absence of direct NIH support in the future.

Cindy Miller
July 8, 1971